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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. SWR-0032
Applicant(s): Klaus Niepoth et al.			
Serial No. 09/707,112	Filing Date 11/06/2000	Examiner Virginia Manoharan	Group Art Unit 1764
Invention: EVAPORATOR			
<p><i>not printed in 6/10/03</i></p> <p>I hereby certify that this <u>Amendment Transmittal (1 pg); Amendment (5 pgs)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9311</u>)</p> <p>on <u>June 13, 2003</u> (Date)</p> <p>Patricia A. Hart (Typed or Printed Name of Person Signing Certificate)</p> <p><i>Patricia A. Hart</i> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. SWR-0032		
Applicant(s): Klaus Niepoth et al.					
Serial No. 09/707,112	Filing Date 11/06/2000	Examiner Virginia Manoharan	Group Art Unit 1764		
Invention: EVAPORATOR					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: June 13, 2003</div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> Signature</div><div style="margin-left: 20px;">Lisa A. Bongiovi Registration No.: 48,933 Customer No.: 23413</div></div></div>					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ via facsimile</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
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